

## DURABLE POWER OF ATTORNEY

5/20/11 3:46:46  
DK P BK 144 PG 531  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

KNOW ALL MEN by these presents, that I, Beatrice Diane Honeycutt Hurst of DeSoto County, Mississippi, have constituted and appointed and by these presents do make, constitute and appoint Dwight Hurst my true and lawful attorney, and should Dwight Hurst be unable or unwilling to serve or continue to serve, then I do make constitute and appoint Debra Faye Skinner my substitute or successor true and lawful attorney for me and in my name, place and stead to ask, demand, sue for, collect and receive all sums of money, dividends, interest, payments on account of debts and legacies and all property now due or which may hereafter become due and owing to me, and give good and valid receipts and discharges for such payment; to sell, assign and transfers stocks and bonds and securities standing in my name and belonging to me; to buy and sell securities of all kinds in my name and for my account and at such prices as shall seem good to them; to sign, execute, acknowledge and deliver in my name all transfers and assignments of securities for such loans if in the judgment of my attorneys such action should be necessary; to consent in my name to reorganizations and mergers, and to the exchange of securities for new securities; to manage real property, to sell convey and mortgage realty, and to foreclose mortgages, and to take title of property in my name if they think proper, to execute, acknowledge and deliver deeds of real property, mortgages, releases, satisfactions and other instruments relating to realty, which they consider necessary; to place and effect insurance; to do business with banks, and particularly to endorse all checks and drafts made payable to my order and collect the proceeds; to sign in my name checks on all accounts standing in my name, and to withdraw funds from said accounts, to open accounts in my name or their names as my attorneys in fact; to make such payments and expenditures as may be necessary in connection with any of the foregoing matters or with the administration of my affairs; to retain counsel and attorneys on my behalf to appear for me in all actions and proceedings to which I may be a part in the Courts of Mississippi or any other state in the United States, or in the United States Courts, to commence actions and proceedings in my name if necessary; to sign and verify in my name all complaints, petitions, answers and other pleadings of every description; to represent me in all income matters before all officers

or the income tax bureau, to make and verify income tax returns, claims for refund, requests for extension of time, and consents in my name, to execute petitions to the Board of tax appeals and to cause me to be represented in such proceedings hereby giving and granting to my said attorneys full power and authority to do and perform all and every act and things whatsoever necessary to be done in the premises, as fully to all extents and purposes as I might or could do if personally present with full power of substitution and revocation, hereby ratifying and confirming all that my said attorneys may do pursuant to this power.

NOTWITHSTANDING ANY PROVISION HEREIN TO THE CONTRARY, MY ATTORNEY MAY NOT ACT UNLESS AND UNTIL THE FOLLOWING EVENTS HAVE OCCURRED.

This power of attorney shall become effective on my disability or incapacity. Notwithstanding any provision herein to the contrary, this instrument shall not be effective unless (1) I am deemed to be incapacitated as defined herein or (2) I have executed a certificate that from and after the date of execution thereof my Attorney is fully authorized to act under this instrument. My incapacity shall be deemed to exist when my incapacity has been declared by a court of competent jurisdiction or when a conservator or guardian for me has been appointed and is based on incapacity or on presentation to my Attorney of a certificate executed by two licensed physicians, which opinion of such physicians state that I am incapable of caring for myself and that I am physically or mentally incapable of managing my financial affairs. The effective date of such incapacity shall be the date of the order or decree adjudicating the incapacity, the date of the order or decree appointing the guardian or conservator, or the date of the certificate of the two physicians described above, whichever occurs first. A certified copy of the order or decree declaring incapacity or appointing a guardian or conservator or the certificate of the physicians described above shall be attached to the original of this instrument, and photocopies thereof shall be attached to photocopies of this instrument, and if this instrument is filed or recorded among public records, then such order, decree or certificate shall also be similarly filed or recorded if permitted by applicable law.

I will be deemed under this instrument to have regained capacity if there is a finding to that effect by a court of competent jurisdiction or when my conservatorship or guardianship has been judicially

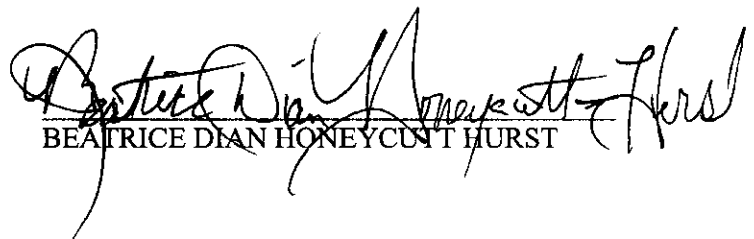
terminated or on presentation to my Attorney of a certificate executed by two licensed physicians which states in the opinion of such physicians that I am capable of caring for myself or that I am physically and mentally capable of managing my financial affairs. A certified copy of the order or decree declaring my capacity or judicially terminating the guardianship or conservatorship or the certificate of the physicians described above shall be attached to the original of this instrument, and photocopies thereof shall be attached to photocopies of this instrument, and if this instrument is filed or recorded among public records, then such order, decree or certificate shall also be similarly filed or recorded if permitted by applicable law.

If this power of attorney becomes effective because of my disability or incapacity and subsequently I am no longer disabled or incapacitated, as evidenced in the manner provided above, this power of attorney shall not be revoked but shall become effective again on my subsequent disability or incapacity as provided above or on my subsequent certification that such power shall be or has become effective.

I hereby waive voluntarily any physician-patient privilege or psychiatrist-patient privilege that may exist in my favor and I authorize physicians and psychiatrists to examine me and disclose my physical or mental condition to determine my incapacity or capacity, for purposes of this instrument.

If I execute a certification of authorization by principal then effective on the date of execution, and notwithstanding any provision herein to the contrary, this power of attorney shall be immediately and full effective.

WITNESS MY SIGNATURE, this the 20<sup>th</sup> day of May, 2011.

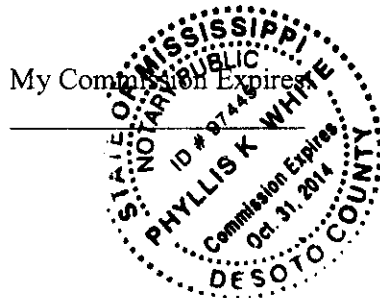
  
BEATRICE DIAN HONEYCUTT HURST

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority in and for said county and state, the within named BEATRICE DIAN HONEYCUTT HURST who acknowledged that she signed and delivered the above and foregoing Durable Power of Attorney on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

GIVEN UNDER MY HAND and official seal of office, this the 20<sup>th</sup> day of May, 2011.

  
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NOTARY PUBLIC



**PREPARED BY:** *Returned to Dwight K Hurst \**  
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